Table 1. Recommendations for Coadministering Protease Inhibitors and Nonnucleoside Reverse Transcriptase Inhibitors with *RIFAMPIN* – United States, 2004 (*references provided for combinations with either inconclusive or limited data*)

Single protease inhibitors			
	Antiretroviral Dose Change	**Rifampin Dose Change**	**Comments**
Ritonavir	None	None (600 mg/day)	Ritonavir AUC ↓ by 35%; no change in rifampin concentration.
Amprenavir	Rifampin and amprenavir should not be used together.		Amprenavir AUC ↓ by 82%, Cmin ↓ by 92%.
fos-Amprenavir	Rifampin and fos-amprenavir should not be used together.		See amprenavir.
Atazanavir	Rifampin and atazanavir should not be used together.		Interaction studies not performed, but marked decrease in atazanavir concentrations predicted.
Indinavir	Rifampin and indinavir should not be used together.		Indinavir AUC ↓ by 89%.
Nelfinavir	Rifampin and nelfinavir should not be used together.		Nelfinavir AUC ↓ 82%.

Saquinavir	Rifampin and saquinavir should not be used together.		Saquinavir AUC ↓ by 84%.
Dual protease-inhibitor combinations			
	Recommended Change in Dose of Antiretroviral Drug	**Recommended Change in Dose of Rifampin**	**Comments**
Saquinavir / ritonavir	Saquinavir 400 mg + ritonavir 400 mg twice-daily	None (600 mg/day)	Limited clinical experience (***12***).
Pharmacoaugmented lopinavir / ritonavir (Kaletra ®) ***Note: Additional ritonavir required.***	Lopinavir / ritonavir (Kaletra ®) - 3 capsules + 300 mg of ritonavir twice-daily	None (600 mg/day)	Limited clinical experience. Increased hepatotoxicity from ritonavir is likely (***13***).
Lopinavir / ritonavir (Kaletra ®)	Rifampin and lopinavir/ritonavir (Kaletra ®) should not be used together. If Kaletra ® is used with rifampin, additional ritonavir is required (see above).		Lopinavir AUC ↓ by 75% & Cmin ↓ by 99%.
Nonnucleoside reverse transcriptase inhibitors			
	Recommended Change in Dose of Antiretroviral Drug	**Recommended Change in Dose of Rifampin**	**Comments**

Efavirenz	↑ to 800 mg/day*	None (600 mg/day)	Efavirenz AUC ↓ by 22%; no change in rifampin concentration. *May ↓ to 600 mg/day if 800 mg dose not easily tolerated.
Nevirapine	200 mg twice daily	None (600 mg/day)	Nevirapine AUC ↓ 37%-58% and Cmin ↓ 68% with 200 mg 2x/day dose (***14-17***). Limited, though favorable, data for efficacy of 200 mg BID dose, although should only be used if no other options exist and clinical and virologic monitoring possible (***16, 18***). May consider 300 mg BID only if close biochemical monitoring feasible; however, no clincal, pharmacokinetic, or safety data available for 300 mg BID dose.
Delavirdine	Rifampin and delavirdine should not be used together.		Delavirdine AUC ↓ by 95%.